



Payable #	Payable Type	Post Date	Payable Date	Due Date	Discount Date	Amount	Tax	Shipping	Discount	Total
Payable Description	Bank Code				On Hold					
Vendor: 18425 - AMWINS GROUP BENEFITS									Vendor Total:	20,400.00
Mar2024	Invoice	3/1/2024	3/1/2024	3/1/2024	3/1/2024	20,400.00	0.00	0.00	0.00	20,400.00
County Portion Mar 2024	APBNK - APBNK				No					
Items										
Item Description	Commodity		Units	Price	Amount	Tax	Shipping	Discount	Total	
County Portion Feb 2024	N/A		0.00	0.00	20,400.00	0.00	0.00	0.00	20,400.00	
Distributions										
Account Number	Account Name	Project Account Key			Amount	Percent				
125-685-520303	Health Insurance				20,400.00	100.00%				
Vendor: 07548 - TAC HEBP										
Vendor Total:									20,920.29	
Mar 2024 County	Invoice	3/1/2024	3/1/2024	3/1/2024	3/1/2024	15,293.70	0.00	0.00	0.00	15,293.70
BCBS Co Portion Ret Prem Mar 2024	APBNK - APBNK				No					
Items										
Item Description	Commodity		Units	Price	Amount	Tax	Shipping	Discount	Total	
BCBS Co Portion Ret Prem Feb 2024	N/A		0.00	0.00	15,293.70	0.00	0.00	0.00	15,293.70	
Distributions										
Account Number	Account Name	Project Account Key			Amount	Percent				
125-685-520303	Health Insurance				15,293.70	100.00%				
Mar 2024 Retiree										
Mar 2024 Retiree	Invoice	3/1/2024	3/1/2024	3/1/2024	3/1/2024	5,626.59	0.00	0.00	0.00	5,626.59
BCBS Retiree Payment Mar 2024	APBNK - APBNK				No					
Items										
Item Description	Commodity		Units	Price	Amount	Tax	Shipping	Discount	Total	
BCBS Retiree Payment Feb 2024	N/A		0.00	0.00	5,626.59	0.00	0.00	0.00	5,626.59	
Distributions										
Account Number	Account Name	Project Account Key			Amount	Percent				
999-203-111200	Medical Insurance				5,626.59	100.00%				

Payable Summary

Type	Count	Gross	Tax	Shipping	Discount	Total	Manual Payment	Balance
Invoice	3	41,320.29	0.00	0.00	0.00	41,320.29	0.00	41,320.29
Grand Total:		41,320.29	0.00	0.00	0.00	41,320.29	0.00	41,320.29

Account Summary

Account	Name	Amount
125-685-520303	Health Insurance	35,693.70
Total:		35,693.70

Account	Name	Amount
999-203-111200	Medical Insurance	5,626.59
Total:		5,626.59